

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14011

Entity Name: CONSTELLATION BRANDS, INC.

Current Principal Place of Business:

207 HIGH POINT DRIVE
BUILDING 100
VICTOR, NY 14564

Current Mailing Address:

207 HIGH POINT DRIVE
BUILDING 100
VICTOR, NY 14564 US

FEI Number: 16-0716709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C/D
Name SANDS, RICHARD
Address 207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip: VICTOR NY 14564

Title EOPD
Name SANDS, ROBERT S
Address 207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip: VICTOR NY 14564

Title CFO
Name RYDER, ROBERT
Address 207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip: VICTOR NY 14564

Title VPAS
Name LAVERDI, BARBARA J
Address 207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip: VICTOR NY 14564

Title SVP
Name HUMPHREY, PERRY R
Address 207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip: VICTOR NY 14564

Title SVPS
Name SORCE, DAVID S
Address 207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip: VICTOR NY 14564

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA J. LAVERDI

VPAS

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date